

**IN THE SMALL CLAIMS DIVISION OF THE
DISTRICT COURT OF THE FIFTH CIRCUIT
DIVISION
STATE OF HAWAI‘I**

Form #5DC48B

Plaintiff(s)

Defendant(s)

Reserved for Court Use

Civil No. _____

Filing Party(ies)/Filing Party(ies)' Attorney Name, Attorney Number, Firm Name (if applicable), Address, Telephone and
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[illegible][illegible][illegible]

In addition, the Court may award court costs, interest,

[illegible]

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I do hereby certify that this is a full, true, and correct
copy of the original on file in this office.

Clerk, District Court of the above Circuit, State of Hawai'i

See REVERSE SIDE

AFFIDAVIT

Affiant, being first duly sworn on oath says that the foregoing is a just and true statement of the amount owing by defendant(s) to plaintiff(s).

Subscribed and sworn to before me this _____ day of _____, 19____

Signature of Affiant:

Print/Type Name of Affiant:

Notary Public, State of _____

My commission expires: _____

Clerk of the above-entitled Court

NOTICE

TO: _____:

Please take notice that this Statement of Claim will be heard by the District Judge of this Court, in his/her Courtroom, at the

address checked below on _____, _____, 19____ at _____ M., or as soon thereafter as parties may be heard.

YOU ARE REQUIRED TO BE PRESENT ON THIS TRIAL DATE TO AVOID JUDGMENT BY DEFAULT.

COURT ADDRESS

- | | |
|--|---|
| <input type="checkbox"/> Lihue Division | 3059 Umi Street, Room 110, Lihue, Hawai'i |
| <input type="checkbox"/> Lihue (LK) Division | 3059 Umi Street, Room 110, Lihue, Hawai'i |
| <input type="checkbox"/> Koloa Division | 3461 Weliweli Road, Koloa, Hawai'i |
| <input type="checkbox"/> Waimea Division | 4556 Makeke Road, Waimea, Hawai'i |
| <input type="checkbox"/> Hanalei Division | 5-5358 Kuhio Highway, Hanalei, Hawai'i |

Mailing address for the above Courts: **4357 Rice Street, Suite 101, Lihue, Hawai'i 96766-1367**

If you have witnesses, or documents bearing on this claim, you should bring them with you at the time of the hearing.

If you wish to have witnesses subpoenaed, see the clerk at once for assistance.

If you admit the claim, but desire additional time to pay, you must come to the trial in person and state the circumstances to the Court.

You may come with or without an attorney.

You have no right to **APPEAL** if the case remains in the Small Claims Division. A Small Claims case cannot be transferred to the Regular Claims Division unless the plaintiff agrees to the transfer and payment of a fee to the clerk of the Court.

If the claim is for **MORE THAN** \$5,000.00, either party may have the case transferred to the Circuit Court for jury trial upon payment of \$325.00 to the clerk of the Court.

YOUR FAILURE TO APPEAR AND DEFEND ON THE DATE AND TIME STATED ABOVE MAY RESULT IN A DEFAULT JUDGMENT AGAINST YOU FOR THE RELIEF DEMANDED IN THIS STATEMENT OF CLAIM.

Clerk of the above-entitled Court

This notice shall not be personally delivered between 10:00 p.m. and 6:00 a.m. on premises not open to the public, unless a judge of the above-entitled court permits, in writing on this summons, personal delivery during those hours.

In accordance with the **Americans with Disabilities Act**, if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 246-3347, FAX 246-3353, or TTY 539-4853 at least ten (10) working days in advance of your hearing or appointment date.